Third Quarter 2007

Kentucky Diabetes Connection

The Communication Tool for Kentucky Diabetes News

AACE
American Association of Clinical Endocrinologists Ohio River Regional Chapter

ADA
American Diabetes Association

DECA
Diabetes Educators Cincinnati Area

GLADE
Greater Louisville Association of Diabetes Educators

JDRF
Juvenile Diabetes Research Foundation International

KADE
Kentucky Association of Diabetes Educators

KEC
Kentuckiana Endocrine Club

KDN
Kentucky Diabetes Network, Inc.

KDPCP
Kentucky Diabetes Prevention and Control Program

TRADE
Tri-State Association of Diabetes Educators

A Message from Kentucky Diabetes Partners

Dr. and Mrs. Stephen Pohl Honored at Surprise Reception

Dr. and Mrs. Stephen Pohl Honored at Surprise Retirement Reception

Submitted by: Diane Ballard RN, BSN, DE, CPT, Kentucky Diabetes Endocrinology Center, Lexington, KY

Dr. Stephen Pohl, a well known endocrinologist from Lexington, was honored with a surprise reception at the Lexington Signature Club on June 7, 2007, for his many years of service and dedication to diabetes care and education in Kentucky. Dr. Pohl's service as a board member and in advisory capacity to the American Diabetes Association (ADA), the Kentucky Diabetes Prevention and Control Program (KDPCP), and the Kentucky Diabetes Network (KDN) were applauded by over 100 diabetes professionals and advocates assembled to honor him.

Dr. Pohl and his family moved to Lexington in 1987 from Charlottesville, Virginia. Prior to Dr. Pohl coming to Kentucky, he served as an Associate Professor of Medicine and Associate Director of the Diabetes Research & Training Center at the University of Virginia. He also served as the Medical Director of the Diabetes Clinic with the Blue Ridge Center for Diabetes and Nutritional Disorders at the University of Virginia, College of Medicine. Dr. Pohl said although he was a tenured professor in Virginia, he was curious when Dr. Steve Leichter called him and asked if he knew of any

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What's Inside!

If you would like to be added to the mailing list to receive this newsletter, please contact: Kentucky Diabetes Connection, P.O. Box 309, Owensboro, KY 42302-0309 or Phone: 270-686-7747 ext: 3031 or Email: janice.haile@ky.gov

Dr. and Mrs. Stephen Pohl Honored at Surprise Reception

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endocrinologist who would want to move to Kentucky and work with the Kentucky Diabetes Foundation. Dr. Pohl said he decided to accept the position to have a closer tie with direct patient care.

At the reception, Dr. Pohl told how he and Mrs. Pohl left their oldest son, Patrick, in Virginia to complete his senior year of football and sent another son, Brian, to Kentucky to live with Dr. Leichter and begin football at Henry Clay High School as a freshman.

After coming to Kentucky, Dr. Pohl first served as the Medical Director of the Kentucky Diabetes Foundation and then as a partner for Diabetes Associates and co-director for the Diabetes Research and Analysis Association. He then began private solo practice in 1991 and in January 1997 began the Kentucky Diabetes Endocrinology Center.

Dr. Pohl has been very instrumental in promoting diabetes education in the state and has served on many committees for numerous state diabetes organizations and local hospitals. Dr. Pohl was the first physician in Lexington to become a Certified Diabetes Educator (CDE), obtain American Diabetes Association (ADA) Recognition for diabetes self management education in a private practice setting, and obtain provider recognition of diabetes with the National Center for Quality Assurance (NCQA). Dr. Pohl was also among the first in Lexington to use intensive insulin policies, insulin pumps, continuous glucose monitoring systems, inhaled insulin, and electronic charting in his practice. Dr. Pohl has also been actively involved in conducting clinical research trials on diabetes medication and products for many years.

During the reception, it was noted that Dr. Pohl actually wrote the mission statement for the ADA and was recognized by the Nobel Prize committee for contributions made to scientific research which led to a Nobel Prize by a colleague. Dr. Pohl was also credited with assisting many professionals in furthering their careers in the field of diabetes care and education.

Dr. and Mrs. Pohl hope to spend lots of time with their three grandchildren and enjoying traveling. We wish them all the best in their retirement and a HUGE THANK YOU from the Diabetes Community in Kentucky!

U.S. House of Representatives Pass Bill to Increase Diabetes Funding

Submitted by: Stewart Perry, National Chair Elect of the American Diabetes Association, KDN Member, Lexington, KY

On July 19th, the U.S. House of Representatives passed the Fiscal Year 2008 Labor, Health and Human Services, Education, and Related Agencies Appropriations Bill with a vote of 276 to 140. This bill provides an increase of $6,351,000 to the Division of Diabetes Translation within the Centers for Disease Control and Prevention, and an increase of $26,025,000 for the National Institute of Diabetes and Digestive and Kidney Diseases at the National Institutes of Health.

If these increases make it through the legislative process, they would be the first increases in three years for either of these very important programs. What's ahead: the Senate still needs to act on its bill for the programs, which has different funding levels in it. After that, representatives from the House and Senate will have to work out the differences in the bills and send it to the President, who will have to sign or veto the huge funding package.

With Congress out for the August recess, there is not anything new to report. As it stands, the Senate and House have different funding amounts but it looks as though the Senate will not be passing their bill and Labor-HHS appropriations will be wrapped up in a larger omnibus bill that will contain multiple bills all at once.

For further information regarding these funding issues contact Angie Montes, American Diabetes Association, AMontes@diabetes.org.

MAKE PLANS NOW TO PROVIDE FLU AND PNEUMONIA IMMUNIZATIONS FOR YOUR PATIENTS WHO HAVE DIABETES!!

Submitted by: Janice Haile RN, BSN, CDE, Kentucky Diabetes Prevention and Control Program, KDN, TRADE, ADA member

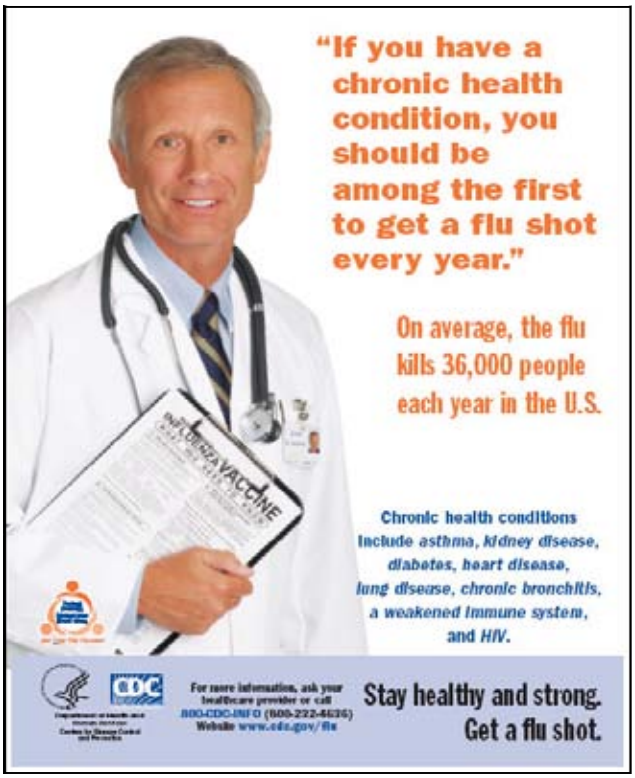
The fall of 2007 will be here before we know it and that means that diabetes educators and physicians in Kentucky need to begin thinking about how we can assist our patients with diabetes in getting a flu and pneumonia immunization.

In the past decade, Kentuckians with diabetes and their health care providers have made significant improvements toward meeting the American Diabetes Association's (ADA) clinical practice recommendations for annual Influenza vaccination as well as lifetime recommendations for Pneumococcal vaccinations. **Unfortunately, however, the most recent Kentucky 2006 data (see charts) regarding immunization rates show that nearly half of all Kentuckians with diabetes have not received the recommended flu and pneumonia immunization.**

Since the fall and winter months will bring with them new cases of flu and pneumonia, now is the time to plan special initiatives to reach Kentuckians who have diabetes. For example, health care providers could consider sending out letters to all their diabetes patients explaining how dangerous flu and pneumonia can be for people with diabetes and recommending that they get these important vaccinations. Providers may also consider instituting diabetes standing orders to make immunizations a routine part of the office health care regimen. A sample of "Diabetes Standing Orders", which includes immunizations, is available through the Kentucky Diabetes Network (KDN) Health Plan Partners. This tool can be downloaded from the KDN website at www.kentuckydiabetes.net (click *Diabetes Standing Orders)*.

Other health professionals and diabetes educators may consider offering flu and/or pneumonia vaccines at diabetes events held in October and November. In addition, public education and media releases regarding diabetes and the importance of flu and pneumonia vaccination would be beneficial. Free posters and brochures may be ordered from www.cdc.gov/flu/professionals/patiented.htm or by calling CDC at 1-800-232-2522 (request a CD with flu & pneumonia educational materials).

In addition, the National Foundation for Infectious Diseases (NFID) has developed ready-to-use resources as part of a comprehensive initiative to help increase dangerously low influenza vaccination rates among people with diabetes. Visit NFID's website at www.NFID.org to access these resources.



CDC flu pneumonia posters available free through www.cdc.gov/flu/professionals/patiented.htm

Kentucky Rates of Influenza Vaccination per 100 Adults with Diabetes in 2006 (BRFSS 2006)		
Age	**Crude Rate**	**95% Confidence Interval**
18+	52.2	47.0-57.3
65+	68.0	60.6-74.7

Kentucky Rates of Pneumonia Vaccination per 100 Adults with Diabetes in 2006 (BRFSS 2006)		
Age	**Crude Rate**	**95% Confidence Interval**
18+	53.2	47.9-58.4
65+	73.2	66.1-79.4

Data submitted by Yvonne Konnor, Epidemiologist, Kentucky Department for Public Health, Frankfort, KY via Centers for Disease Control and Prevention, Kentucky Behavioral Risk Factor Surveillance System Survey (BRFSS) Data, Atlanta, GA, 2006.

NATIONAL STANDARDS FOR DIABETES EDUCATION REVISED

Submitted by: Janice Haile RN, BSN, CDE, Kentucky Diabetes Prevention and Control Program, KDN, TRADE, ADA member

One of the sessions I attended at the American Association of Diabetes Educators (AADE's) annual conference in August of 2007 would probably be of interest to many of you as diabetes educators in Kentucky. The session I attended covered the new National Standards for Diabetes Self-Management Education (DSME) as these standards have recently been updated. Revisions to the standards were made by a task force with representatives from the American Association of Diabetes Educators, the American Diabetes Association, the Centers for Disease Control and Prevention and the American Dietetic Association, to name a few.

Some of the most significant revisions to the standards include:

- The old standards required a multifaceted education team with at least one of the team members being a nurse or dietitian. **The new standards state that DSME will be provided by ONE or more instructors (a single educator when necessary) and now specify that the single educator can be a nurse, dietitian, or PHARMACIST.**

- **The new standards NOW require follow up planning for ongoing diabetes self management support (which may be with case managers, community programs, etc).**

- **The new standards NOW specifically state that individuals with pre-diabetes should be addressed as part of the DSME curriculum.**

There is an article published in Diabetes Care, Volume 30, number 6, June 2007 (www.diabetes.org/diabetescare) which lists the new standards and rationale for changes that were made. The exact website is: http://care.diabetesjournals.org/cgi/reprint/30/6/1630?maxtoshow=&HITS=10&hits=10&RESULTFORMAT=&andorexacttitle=and&andorexacttitleabs=and&andorexactfulltext=and&searchid=1&FIRSTINDEX=0&sortspec=relevance&volume=30&firstpage=1630&resourcetype=HWCIT

The new DSME standards are as follows:

Standard 1.
The DSME entity will have documentation of its organizational structure, mission statement, and goals and will recognize and support quality DSME as an integral component of diabetes care.

Standard 2.
The DSME entity shall appoint an advisory group to promote quality. This group shall include representatives from the health professions, people with diabetes, the community, and other stakeholders.

Standard 3.
The DSME entity will determine the diabetes educational needs of the target population(s) and identify resources necessary to meet these needs.

Standard 4.
A coordinator will be designated to oversee the planning, implementation, and evaluation of diabetes self management education. The coordinator will have academic or experiential preparation in chronic disease care and education and in program management.

Standard 5.
DSME will be provided by one or more instructors. The instructors will have recent educational and experiential preparation in education and diabetes management or will be a certified diabetes educator. The instructor(s) will obtain regular continuing education in the field of diabetes management and education. At least one of the instructors will be a registered nurse, dietitian, or pharmacist. A mechanism must be in place to ensure that the participant's needs are met if those needs are outside the instructors' scope of practice and expertise.

Standard 6.
A written curriculum reflecting current evidence and practice guidelines, with criteria for evaluating outcomes, will serve as the framework for the DSME entity. Assessed needs of the individual with pre-diabetes and diabetes will determine which of the content areas listed below are to be provided:

- ***Describing the diabetes disease process and treatment options***
- ***Incorporating nutritional management into lifestyle***
- ***Incorporating physical activity into lifestyle***
- ***Using medication(s) safely and for maximum therapeutic effectiveness***
- ***Monitoring blood glucose and other parameters and interpreting and using the results for self-management decision making***
- ***Preventing, detecting, and treating acute complications***

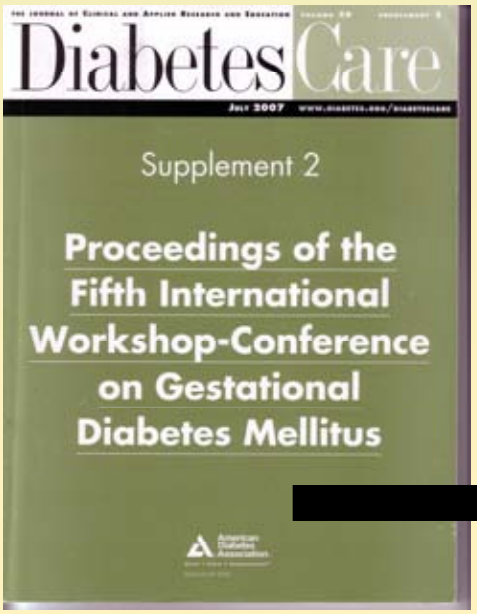
- ***Preventing detecting, and treating chronic complications***
- ***Developing personal strategies to address psychosocial issues and concerns***
- ***Developing personal strategies to promote health and behavior change***

Standard 7.
An individual assessment and education plan will be developed collaboratively by the participant and instructor(s) to direct the selection of appropriate educational interventions and self-management support strategies. This assessment and education plan and the intervention and outcomes will be documented in the education record.

Standard 8.
A personalized follow-up plan for ongoing self management support will be developed collaboratively by the participant and instructor(s). The patient's outcomes and goals and the plan for ongoing self management support will be communicated to the referring provider.

Standard 9.
The DSME entity will measure attainment of patient-defined goals and patient outcomes at regular intervals using appropriate measurement techniques to evaluate the effectiveness of the educational intervention.

Standard 10.
The DSME entity will measure the effectiveness of the education process and determine opportunities for improvement using a written continuous quality improvement plan that describes and documents a systematic review of the entities' process and outcome data.



GESTATIONAL DIABETES PROCEEDINGS PUBLISHED

The proceedings of the Fifth International Workshop-Conference on Gestational Diabetes Mellitus (GDM) were published in a Diabetes Care Supplement this past July, 2007. The conference was originally held in Chicago in November, 2005 under the sponsorship of the American Diabetes Association. A complete summary of the recommendations and rationale for the recommendations may be viewed at www.diabetes.org/diabetescare (Diabetes Care, Volume 30, Supplement 2, July 2007, S251-S260). Information covered within the summary includes:

Panel I: PATHOPHYSIOLOGY AND EPIDEMIOLOGY

- Pathophysiology General Considerations
- GDM and Insulin Resistance
- GDM and Pancreatic Beta Cell Function
- Genetics of GDM
- The Placenta in GDM
- Epidemiology / Current Observations
- Recommendations for Future Research

PANEL II: THERAPEUTIC INTERVENTIONS

- Perinatal Implications
- Metabolic Management During Pregnancy
- Goals and Surveillance
- Maternal Glycemia
- Ultrasound Measurement of Fetal Abdominal Circumference
- MNT and Planned Physical Activity
- Intensified Metabolic Therapy
- Oral Antihyperglycemic Agents
- Obstetric Management
- Timing and Route of Delivery
- Recommendations for the Future

PANEL III: OFFSPRING

- Clinical Implications
- Recommendations for the Future

PANEL IV: MATERNAL FOLLOW-UP

- Clinical Implications
- Status of Glucose Metabolism Postpartum / Long term
- CVD Risk Factor Assessment
- Breastfeeding
- Contraception or Pregnancy Planning
- Diabetes Prevention
- Recommendations for the Future

THE AMERICAN NURSES ASSOCIATION UPDATES POSITION STATEMENT REGARDING THE SCHOOL NURSES ROLE IN DELEGATION AND DIABETES CARE IN SCHOOLS

The following excerpts are taken from the newest American Nurses Association (ANA) position statement which deals with delegation by school nurses. The position statement originated by the Congress on Nursing Practice and Economics and was adopted by the ANA Board of Directors in March, 2007.

The purpose of this statement is to clarify the role and responsibilities of the school nurse in securing the health and safety of children (and adults) in educational settings. The school nurse serves in the role of coordinator of care, information, education, personnel and resources to take best advantage of schools' unique position in addressing students' safety and health care needs. As with any professional registered nurse, the school nurse's role also includes direct care, as well as educating and delegating health care activities to others (both healthcare and non-healthcare personnel) under various guidelines and as permitted by each state's Nurse Practice Act.

To that end, ANA supports the assignment and daily availability of a registered school nurse for the central management and implementation of school health services at the recommended ratio of one nurse for every 750 students, with an ultimate goal of at least one nurse in every school. If the school nurse is assigned to more than one facility, the total number of students that the nurse serves should not exceed 750. Furthermore, ANA supports and recommends a modified ratio of fewer students per nurse, dependent upon the number and severity of disabilities within the student population.

In March of 2005, the ANA Board of Directors adopted the only ANA policy that directs itself specifically to the issue of school nursing, entitled ***"Delivery of Care in Schools for Children with Diabetes."*** While the recommendations reflected the overarching goal of protecting both children with diabetes and nurses in schools, its scope has subsequently been determined to be too narrow to address the full issue of children's health in educational settings and the role of school nurses. Thus, the current discussion of the role of school nurses and children's health in the schools provides the opportunity to evaluate these policy issues in a broader context. This leads to sound ANA professional and ethical overall policy for the benefit of children and nurses alike.

Recommendations

1. ANA supports the assignment and daily availability of a registered school nurse for the central management and implementation of school health services at the recommended ratio of one nurse for every 750 students, with an ultimate goal of at least one nurse in every school. "Daily availability" requires the registered nurse to be onsite for at least a portion of every day and otherwise available for immediate collaboration or consultation by alternate means of communication. If the school nurse is assigned to more than one facility, the total number of students which the nurse serves should not exceed 750.

2. ANA supports a modified ratio of fewer students per nurse, dependent upon the number and severity of disabilities within the student population.

3. ANA supports safety assurances for all children, by requiring individuals other than school nurses, when performing health care related tasks in the educational setting, to follow guidelines and protocols taught to them in educational sessions led by the school nurse.

4. ANA supports the development and dissemination of instructional curricula to assist school nurses in educating non-healthcare providers to competently perform delegated tasks in an educational setting. A sample of published curricula or plans for nurses to use in educational sessions include, but are not limited to: Alabama Board of Nursing's "Curriculum to Teach Assuring Safe, High Quality Health Care in Pre-K Through 12 Educational Settings 15 Unlicensed School Personnel How to Assist with Medications in the School Setting" (Alabama Board of Nursing, 2006); the Idaho Board of Nursing approved "Curriculum Guide for the Assistance with Medications for Unlicensed Assistive Personnel Course" (Idaho Board for Professional-Technical Education, 2003); the American Heart Association's "Response to Cardiac Arrest and Selected Life-Threatening Medical Emergencies: The Medical Emergency Response Plan for Schools" (AHA, 2004); the U.S. Environmental Protection Agency's "Managing Asthma in the School Environment" (EPA, 2000); Asthma Educator Institute course offerings from the American Lung Association (ALA, 2007); the NIH's National Diabetes Education Program's varied course materials (NIH, n.d.); and the American Diabetes Association's website, including "Resources for Professionals" (www.Diabetes.org).

5. ANA supports the dissemination of consistent information on delegation to school nurses that reflects both the legal requirements of their state, as well as the professional standards required of them as professional registered nurses.

6. ANA should continue its advocacy for public policy and funding to provide at least one registered nurse for every 750 students in educational settings.

Pre-diabetes More than Doubles Risk of Heart Disease Death

American Heart Association.
Learn and Live℠

Submitted by Ron Alsup, State Health Alliances Director, American Heart Association, Great Rivers Affiliate, Louisville, KY

Excerpts from the American Heart Association Rapid Access Journal Report

The risk of dying from heart disease increases with the earliest sign that the body is having trouble metabolizing glucose, according to research reported in *Circulation: Journal of the American Heart Association.* In the Australian Diabetes, Obesity and Lifestyle Study (AusDiab), participants with impaired fasting glucose, a condition considered pre-diabetes, "after five years were more than twice as likely to die of cardiovascular disease," said Elizabeth L.M. Barr, M.P.H., lead author of the study at the International Diabetes Institute in Melbourne, Australia. "Moreover, diabetes and pre-diabetes (impaired glucose tolerance and impaired fasting glucose) accounted for 65 percent of all heart disease deaths in the study of 10,429 Australians."

"The five-year risk of cardiac mortality was 2.6 times higher among people who had diabetes and was 2.5 times higher in those with impaired fasting glucose," Barr said.

Compared with people who metabolized glucose normally, the five-year total mortality risk was 50 percent higher for people with impaired glucose tolerance and 60 percent higher for people with impaired fasting glucose.

Researchers found:

- 298 deaths occurred during the median 5.2 years of follow-up — an all-cause mortality rate of 5.5 per 1,000 person-years.
- 88 of those deaths were due to heart disease.
- Almost 12 percent of the people who had known diabetes when they entered the study died during follow-up, versus 6.2 percent of those newly diagnosed with diabetes, 5.2 percent of participants with impaired glucose tolerance and 3.9 percent of those who had impaired fasting glucose.
- The five-year death rate for those who had normal glucose metabolism at baseline was 1.7 percent.

"This study confirms the clinical importance of pre-diabetes, and suggests the need to target glucose abnormalities with lifestyle interventions (diet and exercise) to prevent these from progressing to diabetes," Barr said.

Note: The American Heart Association program The Heart Of Diabetes℠ is a national education and action program to help reduce the risk for cardiovascular disease — the leading cause of death for people with diabetes. People with type 2 diabetes who wish to join the free program can call the American Heart Association toll-free at 1-800-AHA-USA1 (1-800-242-8721) or visit: americanheart.org/diabetes.

Diabetes Day at the Capitol – Mark Your Calendars February 12, 2008!

Submitted by: Greg Lawther, Advocacy Chair, Kentucky Diabetes Network (KDN)

The Kentucky Diabetes Network (KDN) is pleased to announce the 2008 date for Diabetes Day at the Capitol. It will be held on February 12th, 2008, so mark your calendars now and start recruiting others to attend!!

KDN is announcing the date much earlier than in previous years as part of an effort to increase the attendance. We will send out more information as plans for the day proceed. We look forward to seeing you in February!

****February 19, 2007 is the Diabetes Day at the Capitol back-up date***

U.S. Department for Health and Human Services Agency for Healthcare Research and Quality Releases Diabetes Data About Kentucky

Diabetes is a serious chronic illness that affects more than 18 million Americans, is growing, and is linked to the obesity epidemic. This article includes data graphs on Kentucky's care quality, disparities, and costs, as well as lives and potential savings from diabetes care quality improvement efforts. FOR COMPLETE DETAILS: http://statesnapshots.ahrq.gov/statesnapshots/diabetes.jsp?menuId=21&state=KY

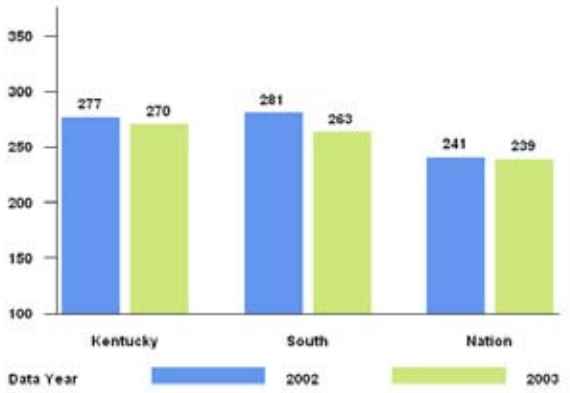
Kentucky
Diabetes Process-of-Care Quality Performance Compared to All States (data based upon rates of Hb A1C, dilated eye exams, flu shots, and foot exams)

Diabetes care process measures performance meter for Kentucky compared to all States. The performance meter has five categories: very weak, weak, average, strong, and very strong. Compared to all States, for the most recent data year, the performance for Kentucky for diabetes care process measures is in the weak range. For the preceding data year, performance is in the weak range. The meter represents the State's balance of below average, average, and above average measures. An arrow pointing to "very weak" means all or nearly all included measures for a State are below average within a given data year. An arrow pointing to "very strong" indicates that all or nearly all available measures for a State are above average within a given data year.

Kentucky
Focus on Diabetes:
Diabetes Care Outcomes in Kentucky Compared to East South Central States and All States

The State's performance on diabetes care outcomes is assessed through inpatient admissions, some portion of which might be avoidable with better access to excellent ambulatory care in the State. When the State's number of admissions is higher than the nation's, reductions in avoidable hospitalizations should be feasible. These measures are from the **most recent two data years** of the Healthcare Cost and Utilization Project (HCUP).

[1]Hospitalizations for Complications Related to Diabetes per 100,000 People in Kentucky, 2002 and 2003.

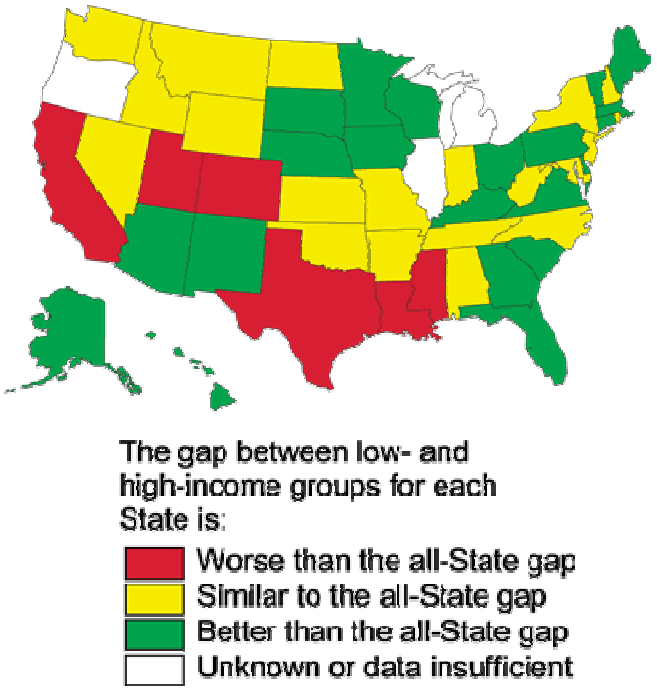


Hospitalizations for Complications Related to Diabetes per 100,000 People in Kentucky, 2002 and 2003. Barchart. 2002: Kentucky 277; South 281; Nation 241. 2003: Kentucky 270; South 263; Nation 239.

Kentucky
Focus on Diabetes:
Disparities in Treatment: By Income

This map shows whether the gap in the rate of HbA1c testing between people with diabetes with low income compared to high income within a State is worse than, similar to, or better than the gap that exists across all States with data.

For 2002-2004, the gap in HbA1c testing for people with diabetes for people with low income (under $15,000) compared to high income ($50,000 or more)



- **Worse than the all-State gap** means the gap in HbA1c testing between people with diabetes at low-income levels and people with diabetes at high-income levels is worse than the gap between these groups across all States with data.

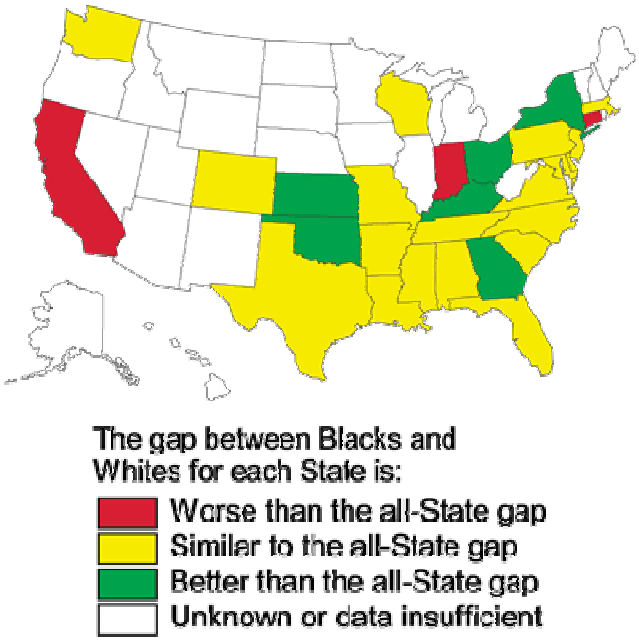
- **Similar to the all-State gap** means the gap in HbA1c testing between people with diabetes at low-income levels and people with diabetes at high-income levels is similar to the gap between these groups across all States with data.

- **Better than the all-State gap** means the gap in HbA1c testing between people with diabetes at low-income levels and people with diabetes at high-income levels is better than the gap between these groups across all States with data.

Kentucky
Focus on Diabetes:
Disparities in Treatment: HbA1c Testing for Blacks, Hispanics, and Whites

For a few States, racial/ethnic groups also can be evaluated for HbA1c monitoring. When sufficient data are available, the map below shows whether the gap in the rate of HbA1c testing between minority groups and Whites within a State is worse than, similar to, or better than the gap that exists across all States with data. The bar chart shows the actual percentage of people with diabetes in racial and ethnic groups who receive HbA1c monitoring in the State (if available), in the region, and in all States.

For 2002-2004, the gap in HbA1c testing for people with diabetes for non-Hispanic Blacks compared to non-Hispanic Whites.

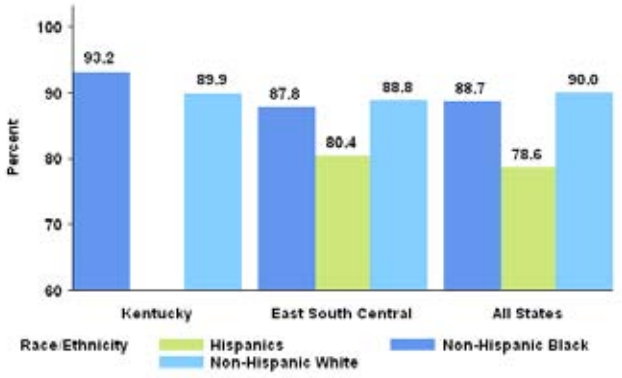


- **Worse than the all-State gap** means the gap in HbA1c testing between non-Hispanic Black people with diabetes and non-Hispanic White people with diabetes is worse than the gap between these groups across all States with data.

- **Similar to the all-State gap** means the gap in HbA1c testing between non-Hispanic Black people with diabetes and non-Hispanic White people with diabetes is similar to the gap between these groups across all States with data.

- **Better than the all-State gap** means the gap in HbA1c testing between non-Hispanic Black people with diabetes and non-Hispanic White people with diabetes is better than the gap between these groups across all States with data.

Percent of People in Kentucky With Diabetes Who Had an HbA1c Test, by Race/Ethnicity, 2002 to 2004.



Percent of People in Kentucky With Diabetes Who Had an HbA1c Test, by Race/Ethnicity, 2002 to 2004. Barchart. For Non-Hispanic Blacks, the percentage in Kentucky is 93.2; the percentage in the East South Central is 87.8; and the percentage in all States is 88.7. For Hispanics, the percentage in Kentucky is not available; the percentage in the East South Central is 80.4; and the percentage in all States is 78.6. For Non-Hispanic Whites, the percentage in Kentucky is 89.9; the percentage in the East South Central is 88.8; and the percentage in all States is 90.0.

This chart shows the actual rates of HbA1c monitoring for people who are non-Hispanic Black, Hispanic, or non-Hispanic White within the State, the region, and all States. Any missing bars reflect insufficient data for a group within the State.

Continued on page 10

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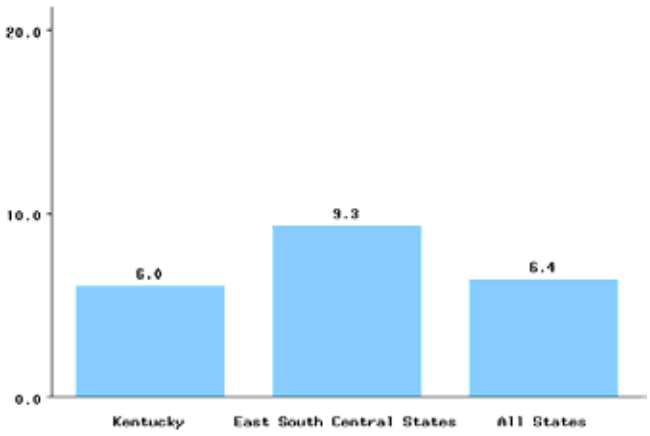
Kentucky
Focus on Diabetes:
Lives and Expenses
2004 Estimated Share of Health Expenditures on State Government Employees that Relates to Diabetes Care, Compared to East South Central States and All States



Kentucky's Estimated Share of Health Expenditures on State Government Employees that Relates to Diabetes Care, 2004. Barchart. Kentucky 6.0; East South Central States 9.3; All States 6.4.

States are significant purchasers of health care. An estimated 5,400 Kentucky government employees and their dependents likely had a diagnosis of diabetes in 2004, and Kentucky is estimated to have spent $31,200,000, or 6.0%, of State government employee health dollars on diabetes care. An additional 2,300 covered lives are estimated to have undiagnosed diabetes or are at high risk for diabetes.

Kentucky
Focus on Diabetes:
Excess Costs Associated with Diabetes for State Government Employees

HbA1c is a marker of blood glucose levels and is used as an indicator of the quality of diabetes care. Diabetes quality improvement programs have produced reductions in HbA1c **on average of 0.5%** across a population of participants. The **best results**, **reductions of 1%**, occur when intensive disease management programs coordinate assessment, treatment, and referral with primary care.

Average Results
If Kentucky's employees' and dependents' HbA1c levels were reduced by **0.5%**, then spending on diabetes care of State government employees might be reduced by about **$500,000** per year.

Best Results
If Kentucky's employee's and dependents' HbA1c levels were reduced by **1.0%**, then spending on diabetes care of State government employees might be reduced by about **$1,200,000** per year.

Note—These savings:

- May not be realized for years.
- Do not include the cost of quality improvement programs that would be needed to achieve a 0.5% or 1.0% reduction, respectively. Depending on intensity, a diabetes disease management program costs between $20 and $60 per participant per month.
- Are most likely for a State that has not yet instituted a quality improvement or disease management program for its State government employees.
- Include only medical costs and exclude gains from lower absenteeism and higher productivity from fewer illness episodes related to diabetes.

Other things to consider:

- While a quality improvement or disease management program should reduce the use of the most expensive services (e.g., emergency rooms and inpatient stays), doctor visits and prescription drug costs would probably increase. The calculation above does account for such changes.
- Serious consequences of diabetes—risk of heart attack, stroke, and amputations—can be reduced with excellent blood glucose control. The calculation above may not fully account for long-term savings associated with avoiding these serious complications.
- States with higher rates of emergency room use and inpatient stays are more likely to reduce diabetes care costs with a quality improvement or disease management program. Other factors to consider include patient education on how to maintain blood glucose control, patient adherence, and access to care.
- Quality improvement programs should be designed to deal with all problems associated with diabetes (including potential heart attack and stroke):
  - Test and control HbA1c levels
  - Conduct physical exams for retina and feet
  - Test and control blood pressure
  - Test and control cholesterol
  - Vaccinate for influenza

For more information on diabetes quality of care and how States can establish and lead a quality improvement program on diabetes care State-wide, go to ***Diabetes Care Quality Improvement: A Resource Guide for State Action*** at http://www.ahrq.gov/QUAL/diabqualoc.htm

EDUCATOR FROM LOUISVILLE CHOSEN BY THE AMERICAN ASSOCIATION OF DIABETES EDUCATORS TO BE NATIONAL *SIDE BY SIDE AMBASSADOR*

Submitted by: Amber McCulloch, on behalf of the American Association of Diabetes Educators

Beverly Breyette, a Louisville diabetes educator, was recently chosen by the American Association of Diabetes Educators (AADE) to serve as an ambassador for one of its newest programs called ***Side by Side: A Partner Approach to Diabetes Self-Care***.

As part of this new AADE program, twenty-one ***Side by Side*** ambassadors were chosen from the national AADE membership to represent all regions of the country. In April of 2007, ambassadors met as a group in Chicago to better understand the goals of the program and to meet the other ambassadors. Ambassadors will give 3 to 5 presentations to people with diabetes in their region throughout the year.

The major objective of the program is to convey the message that dealing with diabetes is not a journey that must be made alone. Rather, the diabetes educator, the physician and other health care support members, as well as family and friends, are partners in care. Along with this message, the ***Side by Side*** presentations introduce the concept of the AADE7™ Self-Care Behaviors which help patients on their diabetes care journey so it is less overwhelming.

People with diabetes and their partners who attend presentations receive a ***Side by Side*** guidebook. The program's website, www.mydiabetespartner.org, provides people with diabetes more information and was launched in August. The program was sponsored by a grant from Novartis Pharmaceuticals.

Beverly will soon be conducting a second seminar presentation on Oct. 4 at 7:30 p.m. at the Norton Healthcare Pavilion. The hour long presentation will be in the Cranmer Auditorium (Lower Level) located at 315 East Broadway Street, Louisville, KY, 40202.

Beverly Breyette (left) Teaches a Diabetes Patient (right)
AADE's New Side by Side Program
(Printed with permission)

AADE 7 Tool available by contacting the American Association of Diabetes Educators, 100 W. Monroe, 4th Floor, Chicago, IL 60603, http://www.diabeteseducator.org

AADE Public Health Specialty Practice Group to Contact the National Certification Board for Diabetes Educators (NCBDE) to Obtain Clarification of the 2010 Practice Requirement

National Certification Board for Diabetes Educators

The American Association of Diabetes Educators Public Health Specialty Practice Group plans to contact the National Certification Board for Diabetes Educators (NCBDE) to obtain clarification of certified diabetes educator (CDE) renewal requirements when the new "practice requirements" begin in 2010 – specifically as related to public health. Kathy Stroh and Janice Haile are working together to develop a letter and "sample public health description applications" to demonstrate the variety of diabetes initiatives which may be part of a public health diabetes educator's job requirements. NCBDE will be asked if public health type duties would be acceptable within the 2010 practice requirements for recertification, which currently say "practice means actively employed for compensation, providing a direct or indirect professional contribution to the care and self-management education of people with diabetes".

Below is the newest information which was updated by NCBDE in August, 2007

NCBDE Practice Requirement

Revised 8/2007

The NCBDE Board of Directors has approved a practice requirement for renewal of certification. Beginning with CDEs whose credentials will expire 12/31/2010 (formerly 12/31/2009), individuals will need to document a minimum of 1000 hours of professional practice experience during the five-year certification cycle, in addition to either taking the Certification Examination or renewing by continuing education. The professional practice requirement for renewal of certification, however, is not the same as that required for initial certification. NCBDE recognizes that diabetes education is an evolving specialty and that experienced CDEs often assume roles other than the practice of diabetes self-management education required for initial certification.

Definition of Professional Practice
For purposes of recertification, practice means actively employed for compensation, providing a direct or indirect professional contribution to the care and self-management education of people with diabetes.

What is Included in this Definition
This definition is intended to be as inclusive as possible of positions currently held by CDEs, including program development, program management, public health/ community surveillance, diabetes related research, clinical roles in diabetes industry, case management, professional education, consultant roles to industry or other providers, or others.

What is NOT Included
Employment in the manufacture, direct sales, or distribution of diabetes-related products or services in pharmaceutical or other diabetes-related industries, public health screenings, jobs unrelated to diabetes, and participation in diabetes camp will not meet the practice requirement, nor will preceptorship/mentor or other volunteer hours of any kind.

The 1000 hours of professional practice experience requirement must:

- Take place in the United States or its territories
- Be completed during the five year certification cycle, between January 1 following the year of initial certification and/or recertification, and the date of application for renewal, either by examination or continuing education

There is no requirement about how or when this must be accomplished, e.g., to complete 200 hours per year each of the five years, or to be practicing at the time of application.

For Those Unable to Meet the Practice Requirement

For CDEs who wish to maintain certification status but do not or cannot meet the practice requirement, there is only one renewal option. That method requires both successful completion of the Certification Examination and the 75 clock hours of continuing education requirement. During the five year period that certification is valid, if a CDE has practiced less than the required 1000 hours, has taken employment unrelated to diabetes care and education, is on leave from employment or has retired, but still wishes to maintain certification as a diabetes educator, the requirements to hold a current, active unrestricted license or registration for the same discipline held at the time of initial certification and to demonstrate knowledge of current standards and practices by passing the examination and documenting relevant continuing education activities are required. No exceptions will be available.

For more information, contact the National Certification Board for Diabetes Educators | 330 East Algonquin Road | Suite 4 | Arlington Heights, IL 60005 Voice 847 228-9795 | Fax 847 228-8469 | Email info@ncbde.org

HENDERSON COUNTY DIABETES COALITION DEVELOPS *"DIABETES IDENTIFICATION TAG"* FOR MOTOR VEHICLES

Submitted by: Roy Critser, Henderson County Diabetes Coalition Treasurer as told to Janice Haile RN, CDE

The Henderson County Diabetes Coalition (HCDC) recently developed (and distributed locally) a new *diabetes identification tag* to be used on motor vehicles. The diabetes motor vehicle tag was developed to be placed around the rearview mirror of a vehicle to alert police officers and medical personnel that "the person driving has diabetes and if they are acting inappropriately – they may be having a low blood glucose reaction". The tag would be used on a voluntary basis and could easily be removed when other people who may not have diabetes, drive the vehicle.

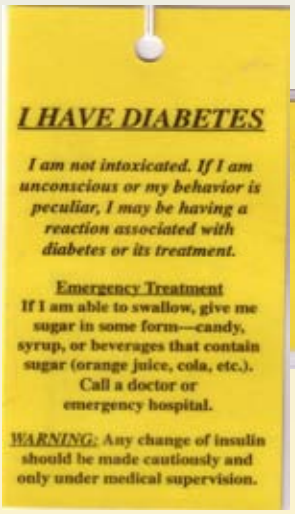
The idea for the vehicle tag came about when Roy Critser, HCDC Treasurer, was contacted regarding an incident that occurred in Henderson with a young man who had Type 1 diabetes. Roy described the incident that led to the "vehicle tag idea" as follows: in February, a young man approximately 25 years old with diabetes was pulled over for weaving in the road. He was not responsive to the police officers and was tasered (he was not wearing medical identification noting he had diabetes). He still did not respond and was tasered a second time. After the second taser, the young man with diabetes began to respond enough to let police officers know that he had diabetes and the EMT's were called. The man had not been drinking but had an empty beer can in the back of his car from a few days earlier. His blood glucose level was 40 and he was arrested for having an open alcohol container in his car and for reckless driving.

Roy, current treasurer of HCDC, also happens to be a retired police officer. He gave the man with diabetes information regarding medical identification. Roy also questioned police officers as to whether or not training of police officers regarding diabetes is currently included in their required curriculum (as he knew that years ago – it was not).

Roy contacted the American Diabetes Association and was sent a training CD regarding diabetes that could be used to train local police officers (see ADA resource information** at the end of this article). He also worked with his local coalition diabetes educators who provided the training to the officers.

Roy realizes that many people who have diabetes would not want their diabetes displayed on the vehicle rearview mirror in such a public way. However, he also knows that a severe low blood sugar while driving is very dangerous. Thus Roy feels the tags are a voluntary option for people who have diabetes and want to ensure that they are treated appropriately in a timely manner should they have a low blood glucose while driving. HCDC paid to have tags printed; however, they are searching for other revenues to print more tags to make them available free of charge for people with diabetes. For more information contact: Roy Critser, 6290 Marlyn Street, Henderson, KY 42420, phone 270-827-2672.

**American Diabetes Association law enforcement training resources may be found by visiting the website: http://www.diabetes.org/advocacy-and-legal-resources/discrimination/correctional_institutions.jsp (then click on "Diabetes Training Tools Available for Law Enforcement Officers"). For more information, contact: Shereen Arent, Managing Director of Legal Advocacy, American Diabetes Association, 1701 North Beauregard Street, Alexandria, VA 22311, Tel: 703-299-5519, Fax: 703-549-8748, E-mail: sarent@diabetes.org



Vehicle Tag Back View

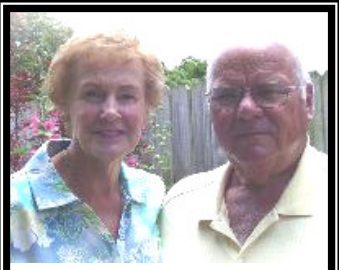
Vehicle Tag Front View

SUCCESS STORIES: WORKING WITH PARTNERS TO IMPROVE COMMUNITY OUTCOMES

Submitted by Judith Watson, RN, MS, CDE, CN, Kentucky Diabetes Prevention and Control Program, Purchase District Health Department, TRADE Member (Printed with permission from Mr. and Mrs. Jackson)

Four years ago Linda Jackson was told that she had pre-diabetes. She worked hard to bring her blood sugars under control by losing weight and exercising on a regular basis to prevent the onset of diabetes. Then came the hot summer of 2006 — her blood sugars were in control and she relaxed her efforts.

On September 15, 2006, Linda attended a Health Fair in Fulton, KY, sponsored by Parkway Regional Hospital and was found to have a blood sugar level of 350 by hospital personnel, Sallie Turberville. Sallie advised Linda to see her health care provider immediately and thus was later diagnosed with diabetes by her physician.



Linda Jackson (left) and her husband, John (right)

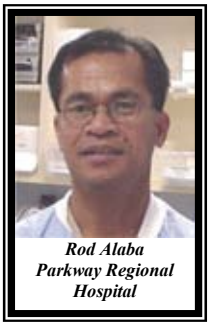
Linda is no stranger to diabetes as both her grandmother and mother died from diabetes complications. Linda says that her mother is her inspiration to do her best to control her diabetes. Linda's efforts and commitment to controlling her diabetes has meant that she has been able to bring her A1c (an average of her blood sugars over the last 2 – 3 months) from 13.6 (September, 2006) down to 6.01 in March, 2006. Her efforts to control her diabetes have been helped by many community resources—which are outlined in this article.

Linda began her path to diabetes control the minute she was diagnosed. Linda says that she continues to learn about diabetes and shares information with anyone who wants it. She organizes a monthly diabetes support group at her church. Around the time of Linda's diagnosis,

DeAnna Leonard, RN, Diabetes Educator Purchase District Health Dept

she attended a 4-session diabetes self management course offered in Fulton, KY. Diabetes educators from Purchase AHEC and the Purchase District Health Department collaborated to teach this course at the Parkway Regional Hospital in Fulton. At first Linda couldn't understand why the course was so long, but when she finished all four sessions, she realized that there was much to learn to control diabetes. Linda felt that these classes were her lifeline to successfully managing her diabetes. Linda said that depression and denial are very much a part of diabetes and the classes definitely helped her through this along with the support from her family and friends.

Julie Muscarella, RD, Diabetes Educator Purchase AHEC



Rod Alaba Parkway Regional Hospital

As part of participating in these diabetes classes, Purchase AHEC, offered a free A1c blood test before and 3 months after the classes were completed. Rod Alaba with Parkway Regional Hospital, performed the A1c tests.

Linda and her husband, John, also participated in a 3-session course called ***Dining with Diabetes*** given by the Extension Office in Union, City, Tennessee. This course helped the Jacksons learn how to prepare healthy foods. John is an avid cook and has developed some of his own "healthy" recipes. John, who has been retired for 3 years, has lost 30 pounds with this new way of cooking.

Lastly, Linda says she was helped to plan a long-term program of physical activity by attending the American Heart Association's ***Choose to Move***, a 12-week course, conducted by the Purchase District Health Department at the Willingham Center in Fulton, KY.

So it seems Linda's community worked closely together to help her succeed!

DIABETES: ONE MAN'S SUCCESS STORY

Submitted by: Ann Ingle RN, MSN, CDE, Murray Calloway County Hospital, Murray, KY, TRADE, KDN Member (Printed with permission from Mr. Seay)

In March 2005, Rob Seay received a diagnosis that would change his life forever. While meeting with his primary care physician, Dr. Richard Crouch, from Murray, KY, Seay learned he had type 2 diabetes.

When Seay was diagnosed with type 2 diabetes, his weight tipped the scales at 326 pounds. His blood pressure was 134/86 while on two blood pressure medicines; and his total cholesterol was 231, HDL 45, LDL 160, and triglycerides 136. Rob's LDL cholesterol was 160 and his hemoglobin A1c was 8.2%.

Dr. Crouch advised Rob to attend the two day diabetes class at the Wellness Center at Murray Calloway County Hospital (MCCH). He also advised Rob that weight loss was the safest and most effective treatment for his Type 2 Diabetes.

Seay did as his physician suggested and attended diabetes self-management classes at MCCH's Center for Diabetes in April, 2005.

After Rob attended the diabetes class at the wellness center, Dr. Crouch offered to prescribe a pill for his diabetes but Rob told Dr. Crouch that he wanted to try to control his diabetes with weight loss.

At first Seay says he was very reluctant to attend the course. Not until he realized the seriousness of diabetes did he decide to make a lifestyle change. Seay now says "Diets don't work but healthy eating and exercise do."

Two years ago Seay had difficulty walking a half-mile but this past April he ran his first half marathon (13.1 miles).

"By taking the advice of the Center for Diabetes and Dr. Crouch I have also been able to avoid medication for diabetes and high cholesterol" said Seay. "I stopped taking blood pressure medicine over a year ago and I had taken it for twenty-five years."

Seay believes that making a lifestyle change is a decision away and feels blessed and hopes that others will find inspiration from what he has accomplished. Seay's improvements were documented by MCCH and Dr. Crouch. These statistics are a testament to the life changes Seay committed to.

Murray Resident, Rob Seay
Pictured After Weight Loss Success

ROB SEAY	AT DIAGNOSIS	NOW
Weight	326	200
Blood Pressure	134/86	110/70
Total Cholesterol	231	151
HDL (good cholesterol)	45	68
LDL (bad cholesterol)	160	74
Triglycerides	136	46
Hemoglobin A1c	8.2%	4.9%

Diabetes Conversation Maps – What Are They and How Are They Being Used?

Submitted by: Janice Haile RN, BSN, CDE, Kentucky Diabetes Prevention and Control Program, ADA, KDN, TRADE member

Have you heard about the new diabetes conversation maps that are supposed to be the newest innovation in diabetes education? The Merck Journey for Control™ program sponsors the U.S. Diabetes Conversation Maps™ which were created by the Healthyi company.

Currently, there are five maps that a diabetes educator can use in lieu of traditional diabetes group classes with small groups of participants with diabetes (~3-10 people). The maps are actually colorful tabletop coverings that remind one of some sort of a diabetes game. The five map titles include: On the Road to Better Managing Diabetes; Diabetes and Healthy Eating; Monitoring Your Blood Glucose; Continuing Your Journey with Diabetes; and Caring for Gestational Diabetes.

According to the Healthyi trainers who produce the maps, use of the diabetes maps meet the national standards for diabetes self management education and the American Diabetes Association's recognition program for diabetes education. Their use has also been rated very high among Canadian diabetes educators who have used them.

One of the biggest advantages of using these new teaching tools would seem to be that they incorporate adult learning principles in patient teaching – such as getting the patient more actively involved in the learning. For example, instead of passively listening to a lecture regarding nutrition in diabetes, when using the maps, the learner is more actively engaged in discussions with other classmates regarding "their" nutrition and how they can change their current behavior to improve eating habits. The maps are full of "situational learning examples" causing a person to actually apply and think through how to incorporate what is being discussed within their daily life.

The downside to the diabetes maps is that there seems to be a perceived level of knowledge that the diabetes class participants as a whole must possess before the "diabetes maps type learning" would be effective. In other words – when using the maps -- class participants learn from each other and answer the questions and situations. If there is no level of knowledge among the participants in the class – active discussions can't take place.

For example, recently an educator tried to use the diabetes maps to teach two newly diagnosed patients and a family member. Perhaps this group was too small but because the patients did not possess knowledge about diabetes – the maps did not work to complete the education in this situation.

Some educators have said that they feel the new diabetes maps may be most beneficial in follow up sessions after a person has already completed initial diabetes classes – such as in support groups. Thus it seems that we as diabetes educators will have to learn and practice the best way to incorporate the maps within our teaching settings.

The maps definitely give us another tool to better educate our patients about diabetes and hopefully will assist us in being more effective in helping patients learn and incorporate strategies in their life to improve their diabetes outcomes.

Diabetes educators can be trained and receive a complimentary set of Conversation Maps as well as training materials. The Healthyi trainers will come directly to any site and conduct a training if a site has 20 or more diabetes educators who would sign up. Thus far, in Kentucky, there have been Healthyi Conversation Map trainings in Louisville on July 11th & August 15th, in Lexington on August 14th, and in Shepherdsville, KY (as part of the Kentucky Diabetes Network quarterly meeting) on September 14th. To register for future trainings that may be held --- go to the Healthyi.com/diabetes website.

DIABETES AWARENESS "*HITS THE ROAD*" IN PADUCAH, KY

Submitted by: DeAnna Leonard RN, BSN, KY Diabetes Prevention and Control Program, Purchase District Health Department, TRADE member

If you have traveled in Paducah, Kentucky lately, you may have noticed some helpful information while you were waiting to cross the street or while waiting for a green light. The Paducah Area Transit System and the Kentucky Diabetes Prevention and Control Program of the Purchase District Health Department recently teamed up to bring community awareness regarding diabetes prevention and the simple steps it takes to "get on the road" to a healthier life.

The diabetes prevention ads shown on the Paducah transit buses (see photos below) are part of the National Diabetes Education Program's (NDEP) "Get Real" campaign. A local printing business developed the adhesive signs to the specifications of the buses. The signs will be able to be viewed by an estimated 50,000 Kentuckians weekly! The signs will remain on the buses through November, 2007.

For more information about the NDEP diabetes campaign materials and publications which are public domain and can be utilized free, visit http://ndep.nih.gov or call 1-800-438-5383.

Paducah Transit Buses Carry Diabetes Messages to Kentuckians (back and side views)

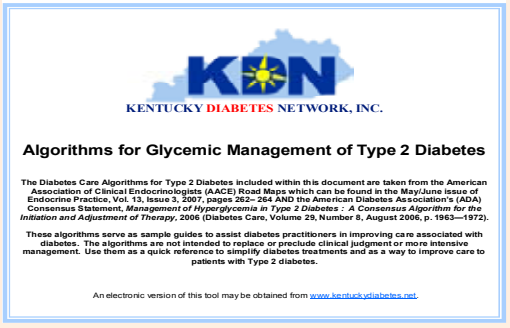
KDN Health Plan Partners Use Diabetes Algorithms to Develop New Tool

Submitted by: Reita Jones, RN, BSN, Kentucky Diabetes Prevention and Control Program, KDN, KADE member

The Kentucky Diabetes Network's (KDN) Health Plan Partners Committee has developed a new durable tool for practitioner office use to assist in the glycemic management of Type 2 Diabetes. The new tool utilizes Diabetes Care Algorithms for Type 2 Diabetes which were taken with permission from the American Association of Clinical Endocrinologists (AACE) Road Maps which can be found in the May/June issue of Endocrine Practice, Vol. 13, Issue 3, 2007, pages 262 – 264 AND the American Diabetes Association's (ADA) Consensus Statement, Management of Hyperglycemia in Type 2 Diabetes : A Consensus Algorithm for the Initiation and Adjustment of Therapy, 2006 (Diabetes Care, Volume 29, Number 8, August 2006, p. 1963—1972).

The new tool with the printed algorithms serve as sample guides to assist diabetes practitioners in improving care associated with diabetes. The algorithms are not intended to replace or preclude clinical judgment or more intensive management. The tool is to be used as a quick reference to simplify diabetes treatments and as a way to improve care to patients with Type 2 Diabetes.

For a copy of the new tool, contact Reita Jones at reita.jones@ky.gov or call 502-564-7996.

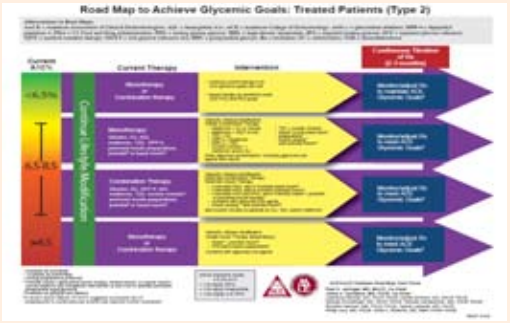

KENTUCKY DIABETES NETWORK, INC.

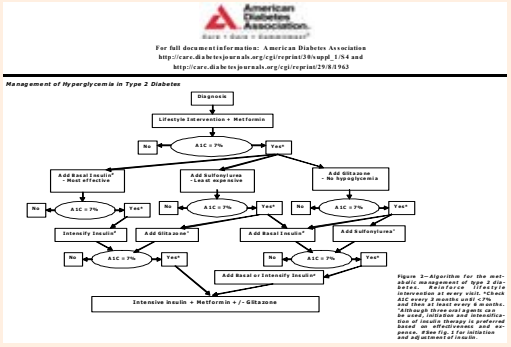
Algorithms for Glycemic Management of Type 2 Diabetes

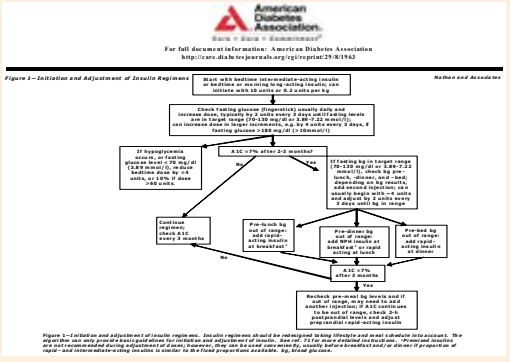
The Diabetes Care Algorithms for Type 2 Diabetes included within this document are taken from the American Association of Clinical Endocrinologists (AACE) Road Maps which can be found in the May/June issue of Endocrine Practice, Vol. 13, Issue 3, 2007, pages 262– 264 AND the American Diabetes Association's (ADA) Consensus Statement, *Management of Hyperglycemia in Type 2 Diabetes : A Consensus Algorithm for the Initiation and Adjustment of Therapy*, 2006 (Diabetes Care, Volume 29, Number 8, August 2006, p. 1963—1972).

These algorithms serve as sample guides to assist diabetes practitioners in improving care associated with diabetes. The algorithms are not intended to replace or preclude clinical judgment or more intensive management. Use them as a quick reference to simplify diabetes treatments and as a way to improve care to patients with Type 2 diabetes.

An electronic version of this tool may be obtained from www.kentuckydiabetes.net.



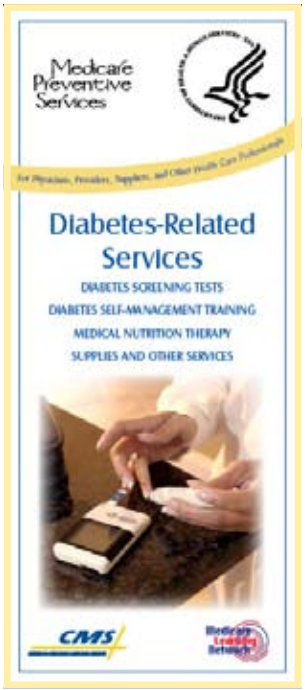




UPDATE ON EDUCATION MATERIALS FOR MEDICARE PREVENTIVE SERVICES

Submitted by Lindy Lady, National Government Services, Louisville, KY

A new preventive services brochure entitled ***Diabetes-Related Services,*** ICN# 006840, is now available from the Centers for Medicare & Medicaid Services (CMS), Medicare Learning Network (MLN). This tri-fold brochure provides health care professionals with an overview of Medicare's coverage of diabetes screening tests, diabetes self-management training, medical nutrition therapy, and supplies and other services for Medicare beneficiaries with diabetes. The new brochure is available as a downloadable pdf file on the Medicare Learning Network's (MLN) Publications web page at *http://www.cms.hhs.gov/MLNProducts/downloads/DiabetesSvcs.pdf* on the CMS website.



The following preventive services brochures have recently been update:

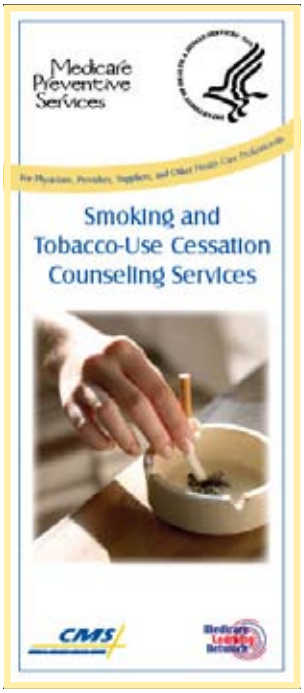
- ***Adult Immunizations,*** ICN# 006435
  This tri-fold brochure provides health care professionals with an overview of Medicare's coverage of influenza, pneumococcal, and hepatitis B vaccines and their administration.
  http://www.cms.hhs.gov/MLNProducts/downloads/Adult_Immunization.pdf

- ***Bone Mass Measurements,*** ICN# 006437
  This tri-fold brochure provides health care professionals with an overview of Medicare's coverage of bone mass measurement services.
  http://www.cms.hhs.gov/MLNProducts/downloads/Bone_Mass.pdf

- ***Cancer Screenings,*** ICN# 006434
  This tri-fold brochure provides health care professionals with an overview of Medicare's coverage of the following screening services: mammography, colorectal, prostate, Pap test, and pelvic exam.
  http://www.cms.hhs.gov/MLNProducts/downloads/Cancer_Screening.pdf

- ***Expanded Benefits,*** ICN# 006433
  This tri-fold brochure provides health care professionals with an overview of Medicare's coverage of three preventive services: the initial preventive physical examination (IPPE), also known as the Welcome to "Medicare Physical" Exam or the "Welcome to Medicare" visit, ultrasound screening for abdominal aortic aneurysms, and cardiovascular screening blood tests.
  http://www.cms.hhs.gov/MLNProducts/downloads/Expanded_Benefits.pdf

- ***Glaucoma Screening,*** ICN# 006436
  This tri-fold brochure provides health care professionals with an overview of Medicare's coverage of glaucoma screening services.
  http://www.cms.hhs.gov/MLNProducts/downloads/Glaucoma.pdf



- ***Smoking and Tobacco-Use Cessation Counseling Services,*** ICN# 006767
  This tri-fold brochure provides health care professionals with an overview of Medicare's coverage of smoking cessation services.
  http://www.cms.hhs.gov/MLNproducts/downloads/smoking.pdf

These seven national provider education brochures are available for download on the MLN Publications' web page as pdf files. Print copies of these brochures will be available in approximately 4 to 6 weeks.

GREATER LOUISVILLE ASSOCIATION OF DIABETES EDUCATORS (GLADE) TO SPONSOR *"TASTE OF DIABETES"* EVENT IN NOVEMBER

Submitted by: Jenny Marshall, RN, BSN, Jewish Hospital, GLADE member

The Greater Louisville Association of Diabetes Educators (GLADE) is sponsoring the first annual ***Taste of Diabetes*** event to be held on November 10th during national diabetes month. The event is being conducted for people who have diabetes and their family members.

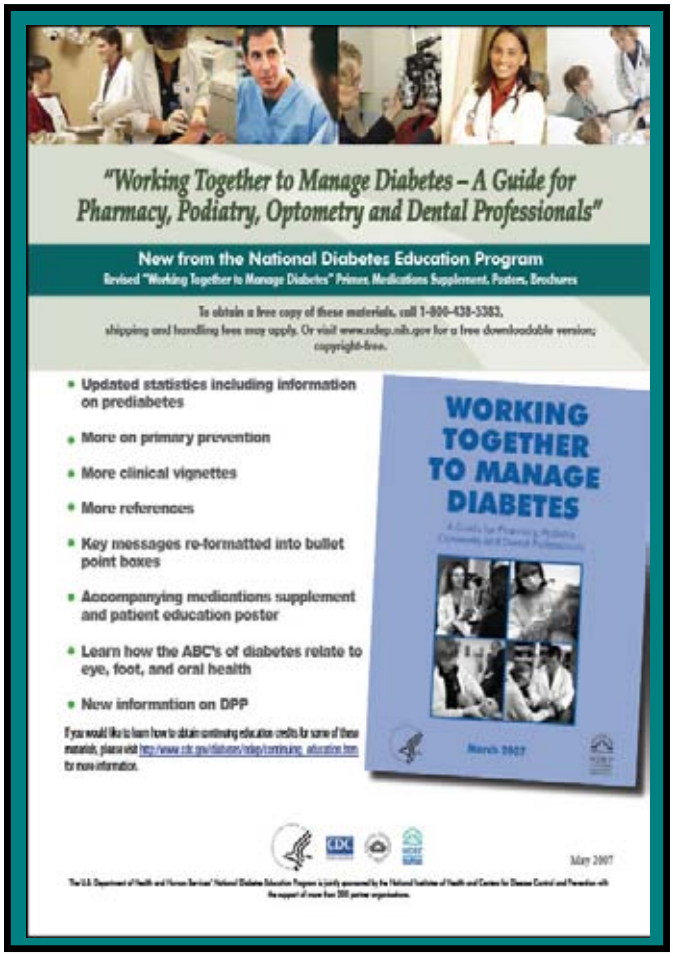
GLADE is asking Kentucky diabetes educators to help spread the word about the event as all Kentuckians with diabetes are invited to attend.

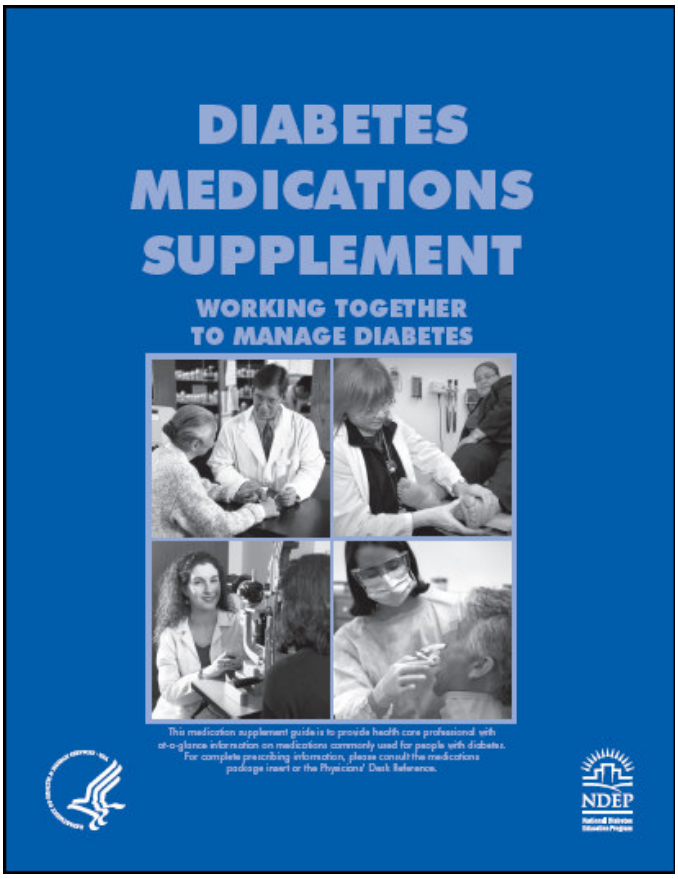
The ***Taste of Diabetes*** is an event your patients will not want to miss! Participants will be invited to sample healthy food options from various Kentucky restaurants. Presentations on incorporating healthy foods into a person's daily life will be presented every half hour. Participants will also have the opportunity to visit various diabetes exhibit booths to learn what medical resources are available for persons with diabetes.

What: **Taste of Diabetes Event**
When: **Saturday, November 10, 2007**
Time: **11:00 AM – 2:00 PM**
Location: **West Chestnut Street Baptist Church**
Louisville, Ky 40203

For information: Stacy Koch at 502-629-7422

SPREAD THE WORD ABOUT THE TASTE OF DIABETES EVENT TO PEOPLE WITH DIABETES!!





NEWLY UPDATED — Excellent diabetes resource which includes diabetes, cholesterol, and hypertension medications. Get your free copy at http://www.ndep.nih.gov/diabetes/pubs/Drug_tables_supplement.pdf

Mark Your Calendar -- Save These Dates!!

Be Sure To Have Enough Diabetes Hours For Your Certified Diabetes Educator Renewal!!

The Latest Advances in Diabetes Management

October 5, 2007

Corbin Technology and Community Activities Center, Corbin, KY

Tentative Agenda:

8:00-9:00 am	Diabetes Mellitus—A Clinician's Overview	David Escalante, MD
9:00-10:00 am	Top Ten Ways to Avoid a Dietitian—Special Section on Diabetes Management	Debbie Scarberry, MA, RD, LD, CDE
10:15-11:15 am	Childhood Obesity—Gestational Diabetes	Kathleen Stanley, CDE, CN, RD, LD, MSEd, BC-ADM
11:15am-12:15 pm	Exercise and Diabetes	Sheri Setser-Legg, MS, RD, LD, CDE
1:30-2:30 pm	Diabetic Wound Cultures: How and When	Johathan Moore, DPM, MS
2:45-3:45 pm	Pharmacological Management of Diabetes	Glen Farr, PharmD
3:45- 4:45 pm	Getting to the Heart of Diabetes	Marty Mullins, PA-C

Target Audience:

Physician, Pharmacy, PA, Dentistry, CMA, Dietitian, Respiratory, Nursing, Nurse Practitioner, and Social Work

Cost: Free

To request a copy of the registration brochure, please call: Cindi Farmer (606) 526-8319 or Anna Jones (606) 864-1432

Detecting…Treating…Preventing…DIABETES COMPLICATIONS

October 11th 8-4:30 pm

Hines Center, Philpot, KY (near Owensboro)

Agenda

7:30-8:00 am	Registration / Continental Breakfast / Exhibits	
8:00-8:15 am	Welcome & Announcements	Karen Fleck, TRADE President
8:15-9:15 am	The State of Diabetes—Morbidity	Ann Albright, PhD, RD
9:15-10:30 am	Renal Disease and Diabetes	Andrew Narva, MD
10:30-11:00 am	Break and Exhibits	
11:00-12:15 pm	Neuropathy and Diabetes	Vasti Broadstone, MD
12:15-1:15 pm	Lunch and Exhibits	
1:15-1:30 pm	Door Prizes	
1:30-2:45 pm	Cardiovascular Disease and Diabetes	Roshan Mathew, MD
2:45-3:00 pm	Break and Exhibits	
3:00-4:15 pm	Eye Disease and Diabetes	Mark Millsap, MD
4:15-4:30 pm	Q & A and Evaluation/Certificates	

Cost: AADE or TRADE=$35, Non-members=$65, Full-time Students=$35 (On-site registration add $5)

For more information or for brochure: Deborah Fillman, KDPCP at Green River District, 270-686-7747 X 3016, Deborah.fillman@ky.gov

Diabetes: Solving the Management Puzzle

November 16, 2007

Masterson's Restaurant, Louisville, Kentucky

Agenda

7:45-8:15 am	Registration / Continental Breakfast / Exhibits	
8:15-8:30 am	Welcome / Announcements	Theresa Renn, RN
8:30-9:30 am	Diabetes Management in a Hospital Setting	Rainer Lenhardt, MD
9:30-10:00 am	Break / Exhibits	
10:00-11:00 am	Intensive Insulin Therapy: Day to Day Practice	Bruce Bode, MD
11:00-12:00 pm	New Diabetes Medications and Technologies	Patti Urbanski, RD
12:00-1:00 pm	Lunch / Exhibits	
	AADE Ambassador	Kim DeCoste, RN
1:00-1:15 pm	Door Prize Drawings	
1:15-3:15 pm	"Coaching" Techniques for Diabetes Management	Dana Sue Hardin, MD
3:15-3:30 pm	Break	
3:30-4:00 pm	Health Care System: The Diabetes Educator Fit	Deborah Fillman, RD
4:00-4:30 pm	Closing / Evaluation	

Cost: $35

For more information or for brochure: Janice Haile, KDPCP, 270-686-7747 X 3031, Janice.haile@ky.gov

Diabetes Walks Scheduled this Fall

Kentuckiana Chapter of the Juvenile Diabetes Research Foundation (JDRF) Conducted Annual Walks for Louisville and Lexington

2007 Greater Louisville Walk to Cure Diabetes
Was held Saturday, September 15th
Bowman Field/Seneca Park
Louisville, KY

2007 Bluegrass Region Walk to Cure Diabetes
Was held Saturday, September 22nd
Jacobson Park, Lexington, KY

For walk results: Call 502-485-9397 or 866-485-9397 or visit www.jdrf.org and access Kentuckiana Chapter.

American Diabetes Association Schedules "Step Out to Fight Diabetes" Events

Evansville Walk
Saturday, October 13th
Casino Aztar Event Pavilion, Evansville, IN
Registration: 8:00 a.m.
Walk: 9:00 a.m.

Louisville Walk
Saturday, October 20th
Bowman Field Airport, Louisville, KY
Registration: 7:30 a.m.
Walk: 8:30 a.m.

For more information call: 1-888-DIABETES or visit http://main.diabetes.org/site/PageServer?pagename=OUT_homepage

DECA Diabetes Educator Meetings Scheduled

Diabetes Educators of the Cincinnati Area (DECA) (covers Northern Kentucky) invites anyone interested in diabetes to our programs. Please contact Susan Roszel, corresponding secretary at sroszel@fuse.net or Jana McElroy at jmcelroy@stelizabeth.com or call 859-344-2496. Meetings are held in Cincinnati.

Dues: AADE Members-$15, Non Members-$20

Date: October 15, 2007
Location: Good Samaritan Hospital, Cincinnati, OH
Time: 5:30 pm Registration
6-7 pm Program
Speaker: Dr. Klafter
Topic: *Diabetes and Depression*

Date: November—To be announced

Date: December—No meeting.
Happy Holidays!

Date: January 21, 2008
Location: Good Samaritan Hospital, Cincinnati, OH
Topic: *Exubera*

Date: February 18, 2008
Location: Good Samaritan Hospital, Cincinnati, OH
Topic: *Ophthalmologist on Eye Disease*

Date: March 17, 2008—To be announced

Endocrinologists Meetings Scheduled

The Ohio River Regional Chapter of the American Association of Clinical Endocrinologists (AACE) and the Kentuckiana Endocrine Club (KEC) meet on a regular basis. For a schedule of meetings, contact: Dr. Vasti Broadstone, Phone: 812-949-5700 E-mail: joslin@FMHHS.com.

GLADE Diabetes Educator Meetings Scheduled

The Greater Louisville Association of Diabetes Educators (GLADE), which covers Louisville and the surrounding area, meets the 2nd Tuesday every other month *(January, March, May, July, September, November, 2007)*. Registration required. Please register by contacting Diana Metcalf at Diana.Metcalf@nortonhealthcare.org.

Taste of Diabetes

Date: November 10, 2007
Time: 11:00 am– 2 pm
Location: West Baptist Church

Date: November 14, 2007
Time: TBD—Breakfast
Speaker: Lynn Senecal
Topic: *Celiac Disease*

Date: December 4, 2007
Time: 6 pm Refreshments & Appetizers
6:30 pm Program
Location: Ruth's Chris Steak House
6100 Dutchman's Ln, Kaden Tower 16th
Speaker: Laura Hieronymus, MSEd, APRN, BC-ADM, CDE - Clinical Management Liaison, Amylin Pharmaceuticals
Topic: *Symlin - A Partner for Better Glycemic Control*

Kentucky Diabetes Network (KDN) Meetings Scheduled

The Kentucky Diabetes Network (KDN) is a network of public and private providers striving to improve the treatment and outcomes for Kentuckians with diabetes, to promote early diagnosis, and ultimately to prevent the onset of diabetes.

Anyone interested in improving diabetes outcomes in KY may join. A membership form may be obtained at www.kentuckydiabetes.net or by calling 502-564-7996 (ask for diabetes program).

2007-08 meeting times are 10:00 am—3:00 pm EST

November 2, 2007 Baptist East Hospital, Louisville
February 12, 2008 Diabetes Day at the Capitol Frankfort
March 14, 2008 To be determined
June 13, 2008 To be determined
Sept. 12, 2008 To be determined
November 7, 2008 To be determined

KADE Diabetes Educator Meetings Scheduled

The Kentucky Association of Diabetes Educators (KADE), which covers Lexington and Central Kentucky, meets the 3rd Tuesday of every month except summer (time & location vary). For a schedule or more information, contact:

Dana Graves Diane Ballard
Phone: 859- 313-1282
E-mail: gravesdb@sjhlex.org DianeBallard@alltel.net

Program: **Fall Symposium**
CE applied for—**o**pen to any interested health care professional
Date: October 16, 2007
Location: Saint Joseph Office Park Building D
4th floor, Chase Meeting Room
Time: 8:00 am—8:30 am Sign-in
8:30am—12:30pm Workshop
Speaker: Mary Malone, RN, BSN
President of the KY chapter of Black Nurses
Carrie Johnson PharmD, CDE
University of Kentucky
Topic: *Impact of Culture and Health Literacy on Diabetes Self-Care*

Date: November 13, 2007
Location: To be determined
Time: To be determined
Speaker: Lynn Senecal
Topic: *Celiac Disease and Diabetes*
CE is provided

TRADE Diabetes Educator Meetings Scheduled

The Tri-State Association of Diabetes Educators (TRADE), which covers Western KY/Southern IN, meets quarterly from 11 – 2 pm CST with complimentary lunch and continuing education units. To register, call (270) 686-7747 ext. 5581 or email deborah.fillman@ky.gov.

ANNUAL ALL DAY WORKSHOP — OCTOBER 11, 2007 — CONTACT:
deborah.fillman@ky.gov

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Contact Information

American Diabetes Association.
Cure • Care • Commitment
www.diabetes.org
1-888-DIABETES

TRADE
Tri-State Association of Diabetes Educators
www.aadenet.org/AboutAADE/Chapters.html

KDN
KENTUCKY DIABETES NETWORK, INC.
www.kentuckydiabetes.net

KENTUCKY ASSOCIATION of DIABETES EDUCATORS
KADE
Bluegrass/Eastern Chapter
www.kadenet.org

GLADE — Greater Louisville Association of Diabetes Educators — 1984
www.louisvillediabetes.org

KDPCP — Kentucky Diabetes Prevention and Control Program
Kentucky
www.chfs.ky.gov/dph/ach/diabetes

JDRF Juvenile Diabetes Research Foundation International
dedicated to finding a cure
www.jdrf.org/chapters/KY/Kentuckiana
1-866-485-9397

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Diabetes Educators Cincinnati Area
www.aadenet.org/AboutAADE/Chapters.html

AACE American Association of Clinical Endocrinologists
Ohio River Regional Chapter
www.aace.com

Kentuckiana Endocrine Club
joslin@fmhhs.com

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